

**Virginia Local and Regional Jails Survey:
Assessment and Treatment of Inmates with Mental Illness**
****Please do not attempt to complete this survey before August 1, 2014.****

The Virginia Sheriffs' Association and the Virginia Association of Regional Jails have reviewed this survey, and encourage their members to respond. Our goal is to provide information to the Compensation Board, the Virginia General Assembly, and the Dept. of Behavioral Health and Developmental Services (DBHDS), regarding jail resource needs for appropriately identifying and managing inmates with mental illness.

Below are a list of definitions that may be helpful in completion of this survey.

ADP: Average Daily Population of the jail. This information may be obtained from the LIDS Technician.

BHA: Behavioral Health Authority

Co-occurring disorder: (dual diagnosis) – a comorbid condition in which an individual is suffering from a mental illness and substance abuse problem.

Clinical Diagnosis: a Diagnostic and Statistical Manual of Mental Disorder – Fourth Edition (DSM-IV) Axis I or Axis II disorder/condition. In general, clinical diagnosis are determined by psychiatrists, licensed clinical psychologists, licensed clinical social workers, or licensed professional counselors.

CSB: Community Services Board

DBHDS: Department of Behavioral Health and Developmental Services

Group Mental Health Counseling: Meeting of a group of individuals with a mental health clinician for the purpose of providing psychoeducation about various mental health topics and/or to provide group feedback and support with regard to mental health issues. Examples could include stress management, anger management, coping with depression, or NAMI meeting.

Group Substance Abuse Treatment: Meeting of a group of individuals with a substance abuse clinician for the purpose of providing psycho education about various substance abuse topics and/or to provide group feedback and support with regard to substance abuse issues. Examples could include AA meeting, NA meeting, or relapse prevention groups.

Individual Counseling: one on one session with licensed professional with the expressed purpose of improving the individual's understanding of their issues, enhancing their ability to cope with issues, and aiding them in the development of healthy coping skills.

MH: Mental Health

Mental health screening instrument: an instrument utilized to make an initial determination of an individual's mental health status, using standardized, validated instrument.

Two common types of screening instruments include, but are not limited to, the Brief Jail Mental Health Screen (BJMHS) and the Jail Admission Screening Assessment Test (JASAT). The standard booking questions related to mental health issues are not considered a screening instrument.

Mental health services: any type of service that helps treat or control an individual's mental health disorder(s). These can include but are not limited to individual mental health counseling, group mental health counseling, case management, or other types of individual or group mental health treatment. Many mental health services also address co-occurring substance-related disorders (see definition).

Mental Illness: conditions that disrupt a person's thinking, perceptions, feeling, mood, ability to relate to others and/or daily functioning.

Most Serious Offense: Question 9 asks that you report an inmates' offense type using their most serious offense. Offense severity should be ranked as follows: Felony-Violent, Felony-Drug, Felony-Nonviolent, Misdemeanor-Violent, Misdemeanor-Drug, Misdemeanor-Nonviolent

Professional mental health assessment: A review of a client's clinical condition conducted by a trained mental health or medical professional which provides an in depth determination of a person's mental health status and treatment needs.

Psychiatrist: a psychiatrist is a medical doctor who specializes and is certified in treating mental health disorders.

Psychotropic medications: psychotropic medications are commonly used to treat mental health disorders and are those which are capable of affecting the mind, emotions and behavior of an individual.

Special Education Inmates: The Federal Government requires jails to provide Special Education to inmates in need of it.

Substance abuse: a maladaptive pattern of substance use leading to clinically significant impairment or distress.

Validated instrument: questionnaire which has undergone a validation procedure to show that it accurately measures what it aims to do, regardless of who responds, when they respond, and to whom they respond. The Brief Jail Mental Health Screen and the JASAT are examples of validated instruments.

Please provide the data for your jail by August 11, 2014.

Thank you for completing this survey. (Please be sure not to use commas in any numeric field)

Name of Jail/ADC:

Address: City: State:

Zip:

Phone:

Fax:

Email address:

Sheriff/Chief Administrator:

Name of contact person completing survey:

Phone number of contact person:

Email address for contact person:

****Please do not attempt to answer questions 1-3. Compensation Board staff will populate this data from your LIDS-CORIS July Financials****

1. The total ADP of the jail (except federal and out-of-state contract) for July 2014 was inmates. Of the jail's July 2014 ADP were female and were male.

2. Please indicate below the ADP of inmates from each category that are included in Question 1 above:

- State responsible
- Local responsible
- Ordinance Violators

Total (should match total ADP in Question 1)

3. Please indicate below the ADP of inmates from each category that are included in Question 1 above:

- Pre-trial
- Post-conviction

Total (should match total ADP in Question 1)

4. The number of inmates charged with public intoxication housed in the jail during the month of July, 2014 was .

5. Are inmates charged with public intoxication evaluated for mental illness or substance abuse?

- ☐ Yes
- ☐ No

6. Jail inmates with Substance Use/Abuse Disorders: There were inmates known or suspected to have Substance Abuse Disorders but who have no clinically diagnosed or suspected, mental illness, in the jail during the month of July 2014.

7. Special Education Jail Inmates. There were inmates receiving special education during the month of July 2014.

8. Please indicate the number of inmates with mental illness in each of the categories below. **Please count each inmate only once for this item (unduplicated counts), counting only the most serious or prominent diagnosis for that inmate. (Do not include federal or out-of-state contract inmates.)** Be sure to indicate the total number of inmate days for each category.

The LIDS July Payment Details Report can provide a pretrial jail roster to assist in separating pretrial from post conviction inmates, as well as data on the number of inmate days. (June financials must be certified/approved before July may be generated).

Please be sure to only include inmate days in the 'Total Inmate Days' **not** inmate counts. The final column is **not** a sum of the counts in the first four columns.

Mental Illness Category	Females (Pretrial) in jail in July 2014	Females (PostConviction) in jail in July 2014	Males (Pretrial) in jail in July 2014	Males (PostConviction) in jail in July 2014	Total Inmate Days
Inmates with Schizophrenia, Schizoaffective Disorder or Delusional Disorder	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inmates with Bipolar Disorder or Major Depressive Disorder	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inmates with Dysthymic Disorder (mild depression)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inmates with Anxiety Disorder	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Traumatic Stress Disorder (PTSD)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inmates with other mental illness diagnosis	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inmates believed by history, behavior or other indicators to be mentally ill, for whom no clinical diagnosis is available	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total number of inmates diagnosed with or suspected to have a mental illness in this jail during the month of July 2014	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. Please indicate the offense type of the mentally ill inmates in each category. Report the inmates' offense type using their **most serious offense, for current confinement. (Do not include federal or out-of-state contract inmates.)**

In order to accurately complete this question the mental health staff must either provide the LIDS Technician with a list of mentally ill inmates (this list does not need to include diagnoses) so that they may provide the mental health staff with a most serious offense for each offender, or access LIDS themselves to determine the most serious offense.

Mental Illness Category	Ord Viol	Mis Nonviolent	Mis Violent	Mis Drug	Felony Nonviolent	Felony Violent	Felony Drug
Inmates with Schizophrenia, Schizoaffective Disorder or Delusional Disorder	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inmates with Bipolar Disorder or Major Depressive Disorder	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inmates with Dysthymic Disorder (mild depression)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inmates with Anxiety Disorder	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Traumatic Stress Disorder (PTSD)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inmates with other mental illness diagnosis	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inmates believed by history, behavior, or other indicators to be mentally ill, for whom no clinical diagnosis is available	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total number of inmates diagnosed with or suspected to have a mental illness in this jail during the month of July 2014	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. During the month of July 2014, there were a total of inmates clinically diagnosed with co-occurring mental illness and substance abuse disorder in the jail.
11. A total of jail inmates clinically diagnosed with mental illness were housed in medical isolation cells, or other segregation cells in the jail during the month of July 2014 and spent a total of days in isolation/segregation.
12. Does your jail have one or more mental health housing units or bed areas that are physically separated from the general population and distinct from other medical bed units?
- ☐ Yes
 - ☐ No
13. If your jail has a mental health unit or bed area, indicate the number of mental health treatment beds in that area:
- ☐ Total beds for male inmates with mental illness
 - ☐ Total beds for female inmates with mental illness
 - ☐ N/A
14. A total of mental health beds would be needed at this jail during the month of July 2014, to house all inmates with mental illness in mental health beds or units. **(This number should include all inmates identified in Question 13).**

15. Does your jail conduct a mental health screening upon admission, in addition to standard booking questions, for some or all inmates?

(Check the item that applies to your jail.)

- ☐ All new admissions are screened for mental illness.
- ☐ Some new admissions are screened for mental illness.

(Estimated percentage of inmates screened) %)

- ☐ No, our jail does not screen for mental illness on admission.

16. If your jail conducts a mental health screening, does the jail use a **validated** screening instrument, in addition to standard booking questions, with all inmates?

- ☐ Yes
- ☐ No

17. Jail mental health screenings are conducted by: **Check all that apply**

- ☐ Jail Officers
- ☐ Jail MH Staff
- ☐ Other MH professional

18a. If so, what is the **validated** screening instrument used?

- ☐ Brief Jail MH Screen
- ☐ Jail Admission Screening Assessment Test (JASAT)
- ☐ Other validated jail MH screening instrument:

18b. Name of Instrument:

18c. Are there any other methods of screening for Mental Health issues in your jail? If so, please describe.

19. Indicate whether or not inmates suspected of having a mental illness receive a professional mental health assessment, following screening, or when needed. (check one)

- ☐ All inmates with a positive screening are referred for professional mental health assessment.
- ☐ Professional mental health assessments are only conducted when inmates have acute symptoms of mental illness.
- ☐ Professional mental health assessments are not conducted at this facility.

20. Professional mental health assessments of jail inmates are conducted by: (please mark all that apply.)

- ☐ Jail licensed MH/medical staff
- ☐ Private, contract MDs or other MH professionals
- ☐ CSB staff

21. A total of inmates remained housed at this jail for more than 48 hours, following the issuance of a court order to a state hospital for psychiatric commitment (Temporary Detention Orders) during the month of July 2014.

22. Please indicate the CSB/BHA that provides MH prescreening services for psychiatric commitment (Temporary Detention Orders) for this jail.

- ☐ The CSB/BHA that serves the county/city where our jail is located provides prescreening services for jail inmates. Name of CSB/BHA:
- ☐ Both the CSB/BHA that serves the county/city where our jail is located and other CSB's in the region that is served by our jail provide MH prescreening for psychiatric commitment

23. CSB prescreenings for psychiatric commitment (Temporary Detention Orders) for this jail are done via video:

- ☐ Always
- ☐ Sometimes
- ☐ Never

24. If your jail has a consulting or staff psychiatrist (MD), indicate the number of hours of psychiatrist consultation time provided at your jail, during the month of July 2014. A total of hours of psychiatrist time were provided during the month of July 2014.

If your jail has a consulting or staff psychiatrist (MD) please provide their name, even if no services were provided during the month of July.

Psychiatrist's name(s) or group
name

25. If the jail has a general practice, or staff MD, please enter the total number of hours of that MD's time devoted to the provision of mental health treatment (medication prescribing and monitoring) for the month of July 2014. A total of hours of general MD time were devoted to mental health treatment during the month of July 2014.

If your jail has a general practice (MD) please provide their name, even if no services were provided during the month of July.

General Practice MD's name or group name

26. What percentage of your jail's general or psychiatric MD consultations are provided by a remote video (MD) consultant:
- ☐ The jail does not use remote video MD services for mental health assessments and/or treatment.
 - ☐ The jail uses remote video MD services for less than 50% of mental health assessments and/or treatment
 - ☐ Yes, the jail uses remote video MD services for more than 50% of mental health assessments and/or treatment.

- 27a. Are inmates with diagnosed mental illness provided with follow up case management or discharge planning services upon release from your jail?
- ☐ Yes
 - ☐ No

27b. Type of Services Provided

28. Jail Medication Formulary: Section 53.1-126 of the *Code of Virginia* requires that sheriffs and regional jail superintendents "...purchase at prices as low as reasonably possible all foodstuffs... and medicine as may be necessary" for the care of the inmates in their jails. Is your jail's purchase of psychotropic medication limited by Section 53.1-126?
- ☐ Yes
 - ☐ No

29. The jail's formulary is set by:

a. Contract general medical services provider (Name of contractor providing medication)

b. Special contract with local or national pharmacy (Name of local or national pharmacy)

c. Other

30. List the numbers of inmates who received each type of psychotropic medication treatment at your jail during the month of July 2014:

If an inmate received medication from more than one category, please count that inmate in each relevant category. Some inmates receive treatment with more than one type of medication; the number of medications administered in July may exceed the number of inmates receiving treatment.

Please count an inmate for each type of antipsychotic or mood stabilizer medication he or she receives, and count only once for all types of antidepressant or antianxiety medication, even if the inmate received more than one type of antidepressant or antianxiety medication.

Medication Categories	Total number of Jail Inmates receiving each medication for treatment of mental illness			
I. Antipsychotic medications	Total number of inmates treated with each brand or type of medication		Please place an X in this column if the jail does not provide this medication	
Haldol/haloperidol		<input type="text"/>		<input type="text"/>
Zyprexa/olanzapine		<input type="text"/>		<input type="text"/>
Risperdal/risperidone		<input type="text"/>		<input type="text"/>
Seroquel/quetiapine		<input type="text"/>		<input type="text"/>
Triliafon/perphenazine		<input type="text"/>		<input type="text"/>
Prolixin/fluphenazine		<input type="text"/>		<input type="text"/>
Thorazine/chlorpromazine		<input type="text"/>		<input type="text"/>
Abilify/aripiprazole		<input type="text"/>		<input type="text"/>
Geodon/ziprasidone		<input type="text"/>		<input type="text"/>
Clozaril/clozapine		<input type="text"/>		<input type="text"/>
Other antipsychotic medication(s)		<input type="text"/>		<input type="text"/>
II. Mood Stabilizer/Anticonvulsant medications for major Mood Disorder	Total number of inmates treated with each medication brand/type		Please place an X in this column if the jail does not provide this medication	
Depakote/Depakene/valproic acid		<input type="text"/>		<input type="text"/>
Lithobid/lithium carbonate		<input type="text"/>		<input type="text"/>
Tegretal/carbamazepine		<input type="text"/>		<input type="text"/>
Topamax/topiramate		<input type="text"/>		<input type="text"/>
Trileptal		<input type="text"/>		<input type="text"/>
Other mood disorder medication(s)		<input type="text"/>		<input type="text"/>

III. Antidepressant medications	Total number of inmates treated with this category of medication	Please place an X in this column if the jail does not provide this medication
(Examples: Prozac/fluoxetine, Zoloft/sertraline, Lexapro, escitalopram, Wellbutrin/bupropion, Paxil/paroxetine, Elavil, amitriptyline, Pamelor/nortriptyline, Desyrel/trazodone, etc.)	<input type="text"/>	<input type="text"/>
IV. Antianxiety medications (Examples: Ativan/lorazepam, Xanax/alprazolam, Librium/chlordiazepoxide, Valium/diazepam, etc.)	<input type="text"/>	<input type="text"/>

31. A total of jail inmates clinically diagnosed with mental illness refused prescribed psychotropic medication treatment during the month of July 2014.

Questions 32 through 33 should be answered using data from the entire Fiscal Year 2014

32. **Total cost for all psychotropic medications administered at your jail during Fiscal Year 2014:**

\$

(Check one: ☒ estimated cost; ☐ actual, prorated cost)

33. **Total cost for all mental health services (excluding medications, but including MDs and nursing) provided by the jail during Fiscal Year 2014: \$**

(Check one: ☒ estimated cost; ☐ actual, prorated cost)

34. Indicate the amount of **funding from each of the sources below** for the amounts listed in questions 32 and 33.

☐ Commonwealth of Virginia (state) Funds: \$

☐ Federal funds: \$

☐ Local funds: \$

☐ Other funds: \$

☐ Total funds: \$ **(Should equal the sum of questions 32 & 33)**

(Check one: ☒ funding sources are estimated ☐ funding sources are actual)

35. Does, or would the jail dispense psychotropic medications provided free of charge by the CSBs, DBHDS, or private provider, when the jail's MD has approved the medication for a particular inmate?

- ☐ Yes we currently accept such medications, under the proper circumstances
- ☐ No, we do not currently accept such medications
- ☐ Yes, we would accept such medications under the proper circumstances
- ☐ No, we would not consider accepting such medications

36. Indicate the numbers of inmates who received each of the following types of mental/behavioral health treatment delivered by all mental health services providers, for the month of July 2014.

Treatment Category	Number Treated	Hours of Treatment Provided
Individual counseling	<input type="text"/>	<input type="text"/>
Group mental health counseling	<input type="text"/>	<input type="text"/>
Group Substance Abuse treatment	<input type="text"/>	<input type="text"/>
Other types of individual or group mental health treatment	<input type="text"/>	<input type="text"/>

37. Please indicate the total number of **hours of mental/behavioral health treatment** provided by each of the below entities during the **month of July 2014**; please **include nursing staff time**, but **do not include the hours of treatment provided by psychiatrists or other MDs in this section**. Number of hours here should match number of hours in question 34.

Treatment Provider	Number of Treatment Hours
Jail mental health treatment staff (jail employees)	<input type="text"/>
Community Services Board (CSB/BHA) staff (Please include CSB staff assigned full-time to the jail. Not employees of the jail)	<input type="text"/>
Private contractors, including jail medical contractor (e.g., PHS, CMS)	<input type="text"/>
Total number of hours of individual or group mental health counseling provided to inmates at your jail for the month of July 2014	<input type="text"/>

38. Please indicate if your jail/locality would consider hosting a state-funded Mental Health Residential Treatment Program

- ☐ Yes, would consider housing a MH Residential Treatment program in the jail or jail complex.
- ☐ No, would not support housing a MH Residential Treatment program in the jail or jail complex.

39. Please indicate the number of documented incidents of inmate aggression, (to include physical or sexual assault and/or threats of violence). There were documented incidents of inmate aggression toward other inmates and documented incidents toward jail staff during the month of July 2014. Of these incidents inmate perpetrators had been clinically diagnosed as mentally ill, and victims of inmate aggression had been clinically diagnosed as mentally ill.

40. Please indicate the mental health data source used by your jail for responding to this survey. (Please mark all that apply).

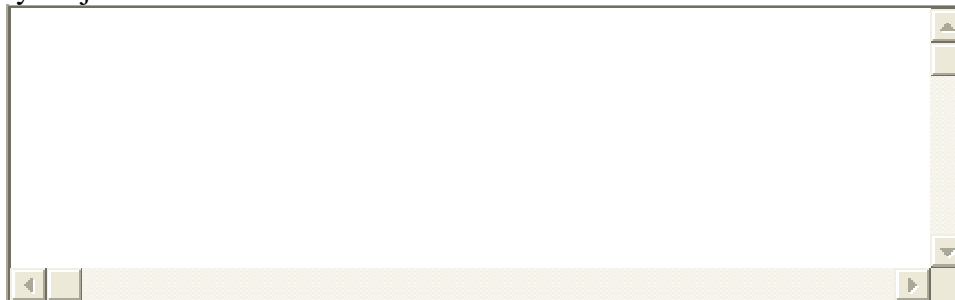
- ☐ Mental Health Module of Jail Management System
- ☐ Other Mental Health Management System
- ☐ Access/Excel Database
- ☐ Paper Forms
- ☐ Other

Additional Comments

41. Please enter the name of the jail's electronic inmate management system

42. Does the jail's electronic inmate management system include MH screening items?
- ☐ Yes
 - ☐ No
43. Does the jail's electronic inmate management system include inmate psychiatric diagnoses?
- ☐ Yes
 - ☐ No
44. Please indicate who is responsible for maintaining mental health data, including but not limited to data used to respond to this survey. (Please mark all that apply).
- ☐ Jail licensed MH/medical staff
 - ☐ CSB staff
 - ☐ Private, contract MDs or other MH professionals
 - ☐ Jail Officers
45. The total number of staff employed at this jail is .
46. A total of hours of mental health training is provided to each new jail officer/deputy, prior to his/her initial assignment to the jail.
47. Jail Officers/Deputies are required to complete hours of annual training in mental health topics each year.
48. A total of officers/deputies on the jail staff have completed DCJS Certified 40-Hr Crisis Intervention Team (CIT) training.

Comments: Please include any remarks you wish regarding the management of inmates with mental illness in your jail



If you have any questions about this survey, please phone Kari Bullock at 804-371-4299 (SCB) or email kari.bullock@scb.virginia.gov. If you should experience any technical difficulties, please contact Anne Wilmoth at 804-225-3307(SCB) or email anne.wilmoth@scb.virginia.gov.
Thank you for your participation in this important work.
